Section VII

PARTNERSHIPS WITH OTHER DC GOVERNMENT AGENCIES FOR THE PROVISION OF HEALTH SERVICES

The Health Care Safety Net Administration (HCSNA) has been charged with guaranteeing that the uninsured residents of the District of Columbia receive quality healthcare through a continuum of care ranging from prevention to treatment and rehabilitation. The HCSNA recognized in the embryonic stages of the venture that the only successful way to accomplish the goal in an efficient, cost-effective manner would be through building alliances with other agencies. An association began to grow with agencies who hold the common interest of providing quality care.

The HCSNA realized in their first year in existence that to provide oversight for quality of care, there has to be a marriage between all government agencies. As we progress into the second year, one of the goals for the HCSNA will be to continue to establish and strengthen lines of communication with government agencies with common interests such as the Health Regulation Administration; the Office of Primary Care, Prevention and Planning; the Office of Health Promotions; and the Maternal and Child Health Administration.

School Health Program

The District of Columbia Public Schools (DCPS) and the HCSNA both focus on the heart of the District of Columbia, **"**our children.**"** Our administration is supporting the DCPS in their immunizations programs. The HCSNA commends the efforts of DCGH in launching a health fair, featuring immunizations, one of the major challenges in the District of Columbia. The HCSNA and the DC Public Schools (DCPS) collaboratively support the School Health Program, managed by Children's National Medical Center (CNMC), to ensure optimal health of school age children and adolescents.

Within this framework, one of the tools used for providing quality and culturally competent care to uninsured District children is the School Health Program. The mission of the School Health Program is to promote the optimal health of school age children and adolescents, through application of principles of public health and prevention, early detection of problems, referral to care, and follow-up and education, so that they may function to the best of their abilities in the school setting and beyond.

In the 2001-2002 school year, the School Health Program was transferred from the DC Health and Hospitals Public Benefit Corporation (PBC) to Children's National Medical Center (CNMC). The School Health Program then became an integral component of the coordinated health delivery system of the Alliance's public-private partnership.

CNMC has consistently managed the School Health Nurses program in full compliance with District of Columbia law. The School Health Nurses Program currently provides services to 148 schools in the District to Columbia. Those schools include 21 Chartered Schools, 3 school-based wellness centers, and 2 special needs schools. The summer school program was offered in 130 schools throughout the city for the summer of 2001. Public Law 7-45 requires 20 hours of nursing coverage to DCPS. There are 23 schools including nine transformation schools and education centers receiving 40 hours of nursing coverage, as part of the base contract with the DC Healthcare Alliance. We provide an additional 1,040 hours per month of supplemental coverage to schools desiring to

have a full-time school health nurse. On contract inception, the number of schools to which we are providing supplemental coverage has increased from 41 to 54 schools. Funding of the supplemental coverage is provided through a subgrant agreement between DCPS and DOH.

CNMC participated in a series of meetings with the DOH to develop an electronic reporting format that allows detailed reporting data on a monthly basis. According to the enrollment statistics for the 2001/2002 school year, 68,449 children from DC Public Schools and 4,216 children from DC Public Chartered schools had access to the School Health Nurse Program. There were more than 171,941 School Health Suite encounters. In addition to basic health screening and sick visits, services provided during these encounters included counseling visits for HIV/AIDS, substance abuse, family planning, and mental health support. The school health nurses identified 186 pregnancies at the high schools and provided counseling and support to students and families. School health nurses made 5,609 referrals to other systems of care throughout the school year.

CNMC recognized there was an immediate need for someone to help parents navigate the healthcare system, to ensure that students who received a referral for health services actually received the appropriate care. To help solve this problem, the HSCNA has established a referral coordination program. This enables us to "close the loop" when a child gets referred by our school nurses for follow-up care.

As employees of CNMC, school health nurses are required to participate in our comprehensive Nursing Education program. Since assumption of responsibility for the school health services our program has been expanded to include competencies and addresses issues specific to the school environment.

There is a CNMC nurse in *every* DCPS including 21 Chartered Schools. Those nurses, provided through the School Health Program, played a critical and central role in the success of the District's recent Immunization Campaign. That campaign ultimately led to an unprecedented 100 percent compliance rate for District children. An active partner in the immunization task force, with DCPS and DOH, the School Health Program participated in the annual back to school rally for families and faculty of DCPS. Also, we have added new and innovative programs for parents and families designed to keep kids well, such as extending CNMC's innovative asthma pathway to the School Health Program. This new program guides families in the home management of asthma as well as indicating when to call a doctor or go to the emergency room.

Throughout this school year, the School Health Program has experienced an increase in the number of unscheduled visits to school health suites, and has noted an increase in medication administration. The total number of unduplicated evaluations of students in the health suites in the public schools from October 2001 through June 2002 was 151,494. Of that number, 119,335 were visits in the elementary schools, and 32,251 were visits in the secondary schools. There were a total of 13,698 unduplicated visits to the health suites in the charter schools for the same time frame. There were 9,803 visits to the health suites for Children With Special Health Care Needs. The School Health Program continues its Adolescents AIDS Prevention Program and its Substance Abuse Prevention Program.

Department of Corrections

The Department of Corrections (DOC) holds a vested interest in ensuring that correctional patients receive quality care. The HCSNA and DOC are committed to a joint effort in providing equality of care. To this end, the

HCSNA partnered with DOC to renovate a unit at GSCH (primary contractor) as the first step to ensuring that there are modern appropriate facilities available to correctional patients while their physical, mental, and psychological needs are met.

The Alliance is responsible for administering healthcare services for inmate patients in custody of the District of Columbia's Department of Corrections (DOC) and for providing the related administrative services. The health service standards utilized for inmate patients in the custody of the DOC are the universal standards of clinical care, including, but not limited to those issued by: the Joint Commission on Accreditation of Health Care Organizations, the National Commission on Correctional Health Care, the American Correctional Association, and community standards of care. The Alliance provides acute, secondary, and tertiary inpatient care for the inmate patients.

The HCSNA monitors the contractual services provided at GSCH and DCGH Ambulatory Care Center (DCGH-ACC). A Memorandum Of Understanding (MOU) exists between the DOC and the DOH for reimbursement of healthcare service delivery and related administrative costs. In this MOU, the DOH agrees to administer and monitor contract compliance and to exercise oversight regarding the health of the individuals in the custody of the DOC. The DOC agrees to pay DOH for health services rendered to all inmate patients in custody. Payments to the DOH did not begin until October 2001, as the DOC had paid $3.3 million to the DCGH, before its reorganization.

Overall, the services provided to DOC inmate patients included inpatient care and outpatient/clinic services at the GSCH and the DCGH-ACC, as well as emergency care services at both institutions. Inmate patients who received healthcare came from all facilities of the DOC, i.e., the Central Detention Facility, the Central Treatment Facility, Lorton, and the Community Halfway Houses. Some inmate patients were from St. Elizabeth's Hospital as well.

In contract year 1, there were 232 inpatient discharges, 239 outpatient surgical procedures performed at GSCH, and 579 Emergency Room visits. Other relevant statistics will be kept in the future by the staff at GSCH.

In looking at inpatient discharges, the top seven categories of diagnoses for this population are listed below.

(1) Surgical Procedures
(2) Respiratory Illness
(3) Cardiovascular Disease
(4) Gastrointestinal Illness
(5) Neurology/Neurosurgery
(6) Orthopedics Services
(7) Renal Disease

The information contained in this section covers the time period of June 2001 through May 2002. Additional information on the inmate patient profile may be found in the Disease and Utilization Sections within this Annual Report.

DC Metropolitan Police Department

The Metropolitan Police Department (MPD) and the HCSNA have a common interest of ensuring that all patients receive appropriate quality care in a safe secure environment. To this end, a relationship has been established to provide consistency in location of treatment to nonlife threatening cases. There is an understanding that even though DCGH and GSCH are the treating facilities of choice, a patient's condition may dictate stabilization at another acute care facility.

Recommendations

The HCSNA should continue to work towards strengthening the relationships with other departments that have a common interest and goal in providing care to the District's uninsured population.

Working guidelines that clearly define the responsibilities of each department must be developed in partnership between these departments and the HCSNA.